



Name: PRASHANT SINGH KELVA	Ward: OPD
Lab ID: 00000094	Registration on: 11/02/2023 10:10:00
Age & Sex: 43 Year Male	Reported on: 16:35:03
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	14.9	g/dL	13.5 - 17.5
Total RBC	5.70	mill./cm	4.50 - 5.90
Total WBC	5700	/cmm	4000 - 11000
Platelet Count	154000	/cmm	150000 - 450000
HCT	45.0	%	36.0 - 48.0
MCV	78.9 L	fL	80.0 - 100.0
MCH	26.1 L	pg	27.0 - 32.0
MCHC	33.1	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	49	%	40 - 70
Lymphocytes	45 H	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	04	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	2793	/cumm	2000 - 7000
Lymphocytes	2565	/cumm	1000 - 3000
Eosinophils	114	/cumm	20 - 500
Monocytes	228	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	1.1		
M ENTZER INDEX			
RDW-CV	11.8	%	11.1 - 14.1
RDW-SD	37.2	fl	31.0-46.0
MPV	8.9	fl	7.00 - 11.00
PCT	0.14	%	0.10-0.30

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PDW 16.6 % 10.0-18.00

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

12 mm/hr

0.0 - 15.0

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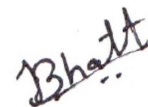




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BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"AB"		
Rh Factor	POSITIVE		



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BLOOD GLUCOSE TEST

Test	Unit
Sample	FLOURIDE PLASMA
FASTING (FBS)	
Blood Sugar-F	76.89 mg/dL 70.00-110.00

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HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.5	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	111.2	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	215.7	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	115.3	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	65.74 H	mg/dL	40-60
VLDL	23.06	mg/dL	10-40
LDL Cholesterol	126.90	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	1.93		0 - 4.1
Total Lipid	3.3 L	mg/dl	400.0 - 1000.0

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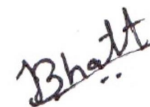
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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.81	mg/dL	0.5-1.30
Bl. Urea	24.1	mg/dL	10.0 - 50.0
BUN	11.3	mg/dl	6.0 - 22.0
Uric Acid	6.5	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	7.4	g/dL	6.0 - 8.0
Albumin	4.0	g/dL	3.50 - 5.50
Globulin	3.4	g/dL	2.0 - 4.0
A/G Ratio	1.2		



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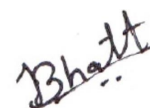
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LIVER FUNCTION TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BILIRUBIN			
Total Bilirubin	0.7	mg/dL	0.00 - 1.20
Direct Bilirubin	0.3	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.40	mg/dL	0.20 - 1.00
SGPT(ALT)	51.33 H	U/L	0.0 - 40.0
SGOT (AST)	45.8	U/L	0.0 - 46.0
Alkaline Phosphatase	150.8	U/L	80-306



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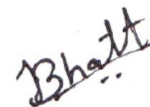
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URINE ANALYSIS

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Colorless		
Appearance	Clear		
pH	6.0		
Specific Gravity	1.020		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Absent		Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---



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LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Mr Prashant Singh	Lab Id : 022315301122	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Male / 43 Y	Registration on : 11-Feb-2023 10:33	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 11-Feb-2023 12:39 Status : Final
Ref. By :	Collected on : 11-Feb-2023 10:33	Printed On : 11-Feb-2023 12:49
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.01	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	7.09	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	0.8622	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Immunoassay

Test	Result	Unit	Biological Ref. Interval
PSA-Prostate Specific Antigen, Total <i>Chemiluminescence</i>	1.511	ng/mL	0 - 4

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a percell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation

Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation with 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10 year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.

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